



TOBACCO PRODUCTS TAX RETURN

TIN/SSN:# _____

Cigarette Distributor's Monthly Return of Cigarettes Received

Please Check Appropriate Box :

- Separate Return Combined Return
 Check box if AMENDED and enter correct MONTH/YEAR
 (below) being "amended"

Name of Distributor	Reporting Period (Month) <small>(Due 15 days after end of month)</small>	OFFICE USE ONLY
Mailing Address		
Business Location Address: (if different from above)		
<input type="checkbox"/> Check here if mailing address has changed.		(Enter Whole Dollars)
1. Total number of cigarettes received during the month <small>(from Schedule A)</small>	=	
2. Total Tax on Cigarettes <small>(total in Line 1 * \$0.05)</small>	=	
3. Tax Paid with Form 145 <small>(Form 145 must have been timely filed)</small>	-	
4. Balance of Tax Due <small>(Line 2 minus Line 3)</small>	=	
5. TOTAL TAX DUE (Line 4)	=	

<p>For payments <i>under</i> \$10,000 make check payable to the order of & mail to:</p> <p>Office of the Navajo Tax Commission Post Office Box 1903 Window Rock, Arizona 86515-1903 Phone: (928) 871-6681 Fax: (928) 871-7608 Website: www.navajotax.org</p>	<p>Payments <i>over</i> \$10,000 must be wire transferred to the following account:</p> <p>The Navajo Nation ACH Routing #: 122105278 Wells Fargo Bank - Window Rock Branch Window Rock, Arizona 86515 Wire Transfer Routing #: 122105278 Tax Depository Account #: 2755351877</p>	<p><input type="radio"/> Check here if payment is made by wire transfer</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Amount \$ </div>
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I declare that the information contained in this document and any attachments thereto is true and correct to the best of my knowledge and belief pursuant to all Navajo Nation laws and regulations.

X _____	_____	()	/ /	_____
Taxpayer or Duly Authorized Agent Signature	Print or Type Name	Telephone Number		Date